MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12463

Reg. Dist. No. 101

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlotte; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Chas; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marbury Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ohlic (Middle) B (Last) BERRY

4. DATE OF DEATH: (Month) 11 (Day) 5 (Year) 19 52

5. SEX M

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 8-10-14

9. AGE Last birthday 38 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Berry

14. MOTHER'S MAIDEN NAME Lizzie Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Goldie Davis (sister) 1319 Huntcourt S.W. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7955 Immediate cause (a) ..... Unk

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... Unknown — 11-5-52

(c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Charlotte (COUNTY) Chas (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

(T. Polen MD) Marlboro Md 11-6-52

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF 11-11-52 | NAME OF CEMETERY OR CREMATORY Chicamuxen M E | LOCATION (City, town, or county) Chicamuxen (State) Md

DATE REC'D BY LOCAL REG. 11-10-52 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Hunter & Ryon Waldorf Md | ADDRESS

11-13-52 Mary Southerland

COPY SENT TO LOCAL REGISTRAR No. ____ DATE ____

RECEIVED
JUN 13 1952
BUREAU V. S.

ITEMS 3,8, 23: film G151 2-1 9-53 L

12464

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural White Plains Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) BELLE Bell (Last) Billingsley

4. DATE OF DEATH: (Month) Nov (Day) 29 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: Dec 29 1872
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Prince George Co Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Richard Lusby
14. MOTHER'S MAIDEN NAME: Georgiana P

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: No
17. INFORMANT & ADDRESS: Roger Billingsley Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory Sanctum.	8 hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebral vascular accident	8 hours
DUE TO		
	(c) Senile Arteriosclerosis and myocardial degeneration	3 years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1951, to 29 Nov, 1952, that I last saw the deceased alive on 29 Nov, 1952, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

SIGNATURE S Woody. MD (DEGREE OR TITLE) ADDRESS La Plata. Md. DATE SIGNED 29 Nov 52.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~: DATE THEREOF Dec 2-52 NAME OF CEMETERY OR CREMATORY Old Gospel McKendree LOCATION (City, town, or county) Cedarville (State) Md

DATE REC'D BY LOCAL REG. 12/1/52 REGISTRAR'S SIGNATURE W. L. Thomas

24. FUNERAL DIRECTOR Hunt & Ryon Waldorf Md ADDRESS

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 3 1932
BUREAU V. S.
COPY SENT TO LOCAL REGISTRAR No.____DATE_____

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12465

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY CHARLES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA
LENGTH OF STAY (in this place) 15 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS PHYSICIANS' MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MAINE — COUNTY KNOX
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROCKLAND
STREET ADDRESS (If rural, give location) 100 PARK ST.

3. NAME OF DECEASED (Type or Print): (First) ETHEL (Middle) RUTH (Last) BORGERSON

4. DATE OF DEATH: (Month) NOVEMBER (Day) 10 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE-U.S.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JANUARY 1, 1892

9. AGE last birthday: 60 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): SOUTH THOMASTON, MAINE

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: FRED W. PIERCE

14. MOTHER'S MAIDEN NAME: HATTIE HEARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE.

17. INFORMANT AND ADDRESS: MR. CARL BORGERSON; 100 PARK ST. ROCKLAND, MAINE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL HEMORRHAGE, LEFT	15 DAYS
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CEREBRAL HEMORRHAGE, RIGHT (RESIDUAL LEFT HEMIPLEGIA)	2 YEARS
	(c) ESSENTIAL HYPERTENSION	10 YEARS

331 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — — — — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from OCTOBER 26, 1952, to NOVEMBER 10, 1952, that I last saw the deceased alive on NOVEMBER 10, 1952, and that death occurred at 7 07 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John H. Griffin, M.D.

ADDRESS: HUGHESVILLE, MD.

DATE SIGNED: 11/12/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)

DATE: 11-14-52

NAME OF CEMETERY OR CREMATORY: Ash Point

LOCATION (City, town, or county) (State): Ash Point Maine

DATE REC'D BY LOCAL REG. 11-11-52

REGISTRAR'S SIGNATURE: John H. Casey 11-12-52

24. FUNERAL DIRECTOR: Hunt & Ryon Waldoy Md

ADDRESS

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NOV 14 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12466

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Del.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 2721 - Leo St.

3. NAME OF DECEASED (Type or Print): (First) RAYMOND (Middle) F. (Last) BROCKWAY
4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 19 52

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M | 8. DATE OF BIRTH 7-23-10 | 9. AGE Last birthday 42 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter | 10b. KIND OF BUSINESS OR INDUSTRY Industrial | 11. BIRTHPLACE (State or foreign country) Lake Placid N.Y. | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John Brockway | 14. MOTHER'S MAIDEN NAME Jean Hammond Phil. Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY No. 164-16-4062 | 17. INFORMANT AND ADDRESS Anna Brockway 2721 - Leo St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816.4

Immediate cause (a) Fractured Cervical Vertebrae — Interval Between Onset and Death: 11-14-52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway | (CITY OR TOWN) Bryantown (COUNTY) Chas (STATE) Md.

TIME OF INJURY (Month) 11 (Day) 14 (Year) 52 (Hour) 3 P.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Driving car which ran into back of school bus

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. H. Adelen (Degree or title) M.D. | ADDRESS La Plata Md | DATE SIGNED 11-15-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11-19-52 | NAME OF CEMETERY OR CREMATORY Holy Cross | LOCATION (City, town, or county) (State) Gradon Pa.

DATE REC'D BY LOCAL REG. 11/15/52 | REGISTRAR'S SIGNATURE Julia H. Bailey | 24. FUNERAL DIRECTOR, ADDRESS David J. Phillips, 568-N. 23 st. Phil. Pa.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 17 1952
BUREAU V. S.

12467

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac River off New Dock U.S. Naval Powder Factory

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 1827 Stiles Street

3. NAME OF DECEASED (Type or Print) (First) Maurice (Middle) Thomas (Last) Cleary
4. DATE OF DEATH (Month) November (Day) 14 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 18, 1924
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gunner
10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy
11. BIRTHPLACE (State or foreign country) Philadelphia Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME deceased (Not Known)
14. MOTHER'S MAIDEN NAME Henrietta Fogel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1941-1952
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS U.S. Naval Powder Factory Navy Records, Indian Head Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Drowning accidental	Immediate
929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Potomac River (CITY OR TOWN) Indian Head (COUNTY) Charles (STATE) Md.
TIME OF INJURY (Month) Nov. (Day) 14, (Year) 1952 (Hour) 9:30 A.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? While practice diving during training

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank G. Susan M.D. (Degree or title) ADDRESS Indian Head Md DATE SIGNED 11-14-52

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation
DATE THEREOF
NAME OF CEMETERY OR CREMATORY U.S.N.H. Bethesda
LOCATION (City, town, or county) (State) Bethesda, Md
DATE REC'D BY LOCAL REG. 11/15/52
REGISTRAR'S SIGNATURE Odey Price
24. FUNERAL DIRECTOR Robert Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 10 1952
BUREAU V. S.

Item 18 Film G149 12-12-52 ams

12468

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Issue
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CORNELIUS (Middle) (Last) COLBERT
4. DATE OF DEATH (Month) 11 (Day) 28 (Year) 52
5. SEX M.
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 1904
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Govt. retired
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Luther Colbert
14. MOTHER'S MAIDEN NAME Liza Haden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Bessie Colbert, Issue, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 11-25-52

812.4

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) caused by the Automobile accident.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Issue (COUNTY) Chas (STATE) Md
TIME OF INJURY (Month) 10 (Day) 25 (Year) 52 (Hour) 7P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit by auto as pedestrian

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Nedelen (Degree or title) M. ADDRESS La Plata Md. DATE SIGNED 11-28-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-1-52
NAME OF CEMETERY OR CREMATORY Holy Ghost
LOCATION (City, town, or county) Issue, Md (State)
DATE REC'D BY LOCAL REG. 11/29/52
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt + Ryon, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12469

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Newburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Theodore (Middle) (Last) Fenwick

4. DATE OF DEATH: (Month) 11 (Day) 21 (Year) 19 52

5. SEX: M.

6. COLOR OR RACE: C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Nov. 14, 1916

9. AGE last birthday: 36 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tenant Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Leo Fenwick

14. MOTHER'S MAIDEN NAME: Mamie Knott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Marguerite Fenwick, Newburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

022X

Immediate cause (a) Ruptured Aortic Aneurysm — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Tertiary Lues — DUE TO

(c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/17, 19 52, to 11/21, 19 52, that I last saw the deceased alive on 11/17, 19 52, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Richard T. Daly, M.D. — 11/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 11-24-52

NAME OF CEMETERY OR CREMATORY St. Marys

LOCATION (City, town, or county) (State) Newport, Md.

DATE REC'D BY LOCAL REG. 11/24/52

REGISTRAR'S SIGNATURE Julia H. Casey

24. FUNERAL DIRECTOR ADDRESS Hunt & Ryon, Waldorf, Md.

VS. A15 8-51

RECEIVED
NOV 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12470

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata (Rural); MARYLAND; LENGTH OF STAY (In this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Du Bois; STREET ADDRESS (If rural, give location) Charlotte Hall, R.D.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	ELLIS	GROSS	11	7	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
M	C	S	11-5-52	✓ yrs.		1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	U.S.A.

13. FATHER'S NAME William Sylvester Gross

14. MOTHER'S MAIDEN NAME Sarah Elizabeth Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Father, Wm. Gross

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Prematurity	11-5-52
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		11-7-52
(c)		

776X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Du Bois	Chas	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ therean and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	M.D.	La Plata Md.	11-7-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/8/52	St. Mary's	Newport, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/8/52	Julia H. Posey	Wm. Gross, Father	Charlotte Hall, Md.

40X2233482

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12471

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) FREDERICK (Middle) JOHN (Last) HARDESTY
4. DATE OF DEATH (Month) 11 (Day) 26 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) R
8. DATE OF BIRTH 7-31-23
9. AGE last birthday 29 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm - Self
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Chas Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME CLEVELAND HARDESTY
14. MOTHER'S MAIDEN NAME ANNIE M. GOLDSMITH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Robert C. Hardesty, Newburg, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.4 Immediate cause (a) Compound comminuted fracture

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) of skull — 11-26-52

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway
(CITY OR TOWN) Bryantown (COUNTY) Chas. (STATE) Md.
TIME OF INJURY (Month) 11 (Day) 26 (Year) 52 (Hour) 10:00 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? 2 car collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md. DATE SIGNED 11-26-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/29/52
NAME OF CEMETERY OR CREMATORY St. Marys
LOCATION (City, town, or county) Newport Md (State)
DATE REC'D BY LOCAL REG. 11/29/52
REGISTRAR'S SIGNATURE Julia H Pasey
24. FUNERAL DIRECTOR Heath & Ryan, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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DEC 2 1952
BUREAU V. S.

Item 20 Film G150 2-4-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12472

Reg. Diat. No. 12 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect or illegible entry is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Charles

City or town: (If outside city or town limits, write RURAL and give nearest town) Indian Head

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: (If outside city or town limits, write RURAL and give nearest town) Indian Head

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Lucy C Hawkins

3. (b) Social Security Number

4. Sex: F

5. Color or race: Cd

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Charles W. Queen

6.(c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): Nov 5, 1919

8. AGE: Years: 33 Months: 1 Days: If less than one day: hrs. min.

9. Birthplace: Indian Head, Md. (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business:

FATHER 12. Name: John Hawkins

FATHER 13. Birthplace: Charles Co. Md

MOTHER 14. Maiden name: Eliza Milburn

MOTHER 15. Birthplace: Charles Co. Md

16. Informant: Charles W. Queen

Address: Indian Head

17. Burial. (Burial, cremation, or removal. Which?) Date thereof 11/8/52 (month) (day) (year)

Cemetery or crematory: St. Charles.

Location: Indian Head.

18. Funeral director: Stanley Penny

Address: Pisgah Md

19. 11/6 19 52 Alley Price Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 5 19 52 at 8:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 5 19 52 to 19

and that I last saw h.. alive on Nov 5 19 52

Immediate cause of death	DURATION
(a) Cardiac Failure	
Due to: Possibly Rheumatic	
Due to:	
Other conditions: 416X	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: George A Bockzell M.D. M. D. or other

Address: Marbury Md Date signed: Nov 6 52

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NOV 13 1952
BUREAU V. S.

12473

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 101

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rison
LENGTH OF STAY (in this place) 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rison.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Nancy (Middle) (Last) Linkins
4. DATE OF DEATH (Month) Nov. (Day) 24 (Year) 1952
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 9-8-52
9. AGE last birthday yrs. If under 1 year Months 2 Days 16 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York City, NY
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Melvin J. Linkins
14. MOTHER'S MAIDEN NAME Flossie Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Mrs. Melvin J. Linkins, Rison, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
760.5	Immediate cause	(a) Cerebral Hemorrhage (Intracranial)	Immed.
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity (baby was 2 months	Premature
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank L. Susan M.D. (Degree or title) ADDRESS Indian Head, Md DATE SIGNED 11-24-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-24-52
NAME OF CEMETERY OR CREMATORY Alexander M.E.
LOCATION (City, town, or county) Chicamuxen (State) Md.

DATE REC'D BY LOCAL REG. 11/24/52
REGISTRAR'S SIGNATURE Mary Smitherland
24. FUNERAL DIRECTOR Melvin Linkins ADDRESS Rison, Md.

9V9299V99V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
NOV 26 1952
BUREAU V. S.

12474

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cobb Island
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) DeGORAH (Middle) Lee (Last) LOMAX

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: 11-1-52

9. AGE last birthday: ✓ yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 7 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): La Plata, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Eldridge Lomax

14. MOTHER'S MAIDEN NAME: Nellie Elizabeth Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mr. James E. Lomax, Cobb Island, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

774X

Immediate cause (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 20 min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Prematurity, six months development

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Nov, 1952, to 2 Nov, 1952, that I last saw the deceased alive on 2 Nov, 1952, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

SIGNATURE A Reynolds (DECREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 2 Nov 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 11/3/52

NAME OF CEMETERY OR CREMATORY Holy Ghost

LOCATION (City, town, or county) (State) Issue, Md.

DATE REC'D BY LOCAL REG. 11/3/52

REGISTRAR'S SIGNATURE Julia H. Pasey

24. FUNERAL DIRECTOR Hunt + Ryan, Waldorf, Md. ADDRESS

20X2203261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
NOV 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12475

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rison (rural) — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rison
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Milton (Middle) C (Last) Milstead

4. DATE OF DEATH: (Month) 11 (Day) 6 (Year) 1952

5. SEX M. | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S | 8. DATE OF BIRTH 4-22-01 | 9. AGE last birthday 51 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber | 10b. KIND OF BUSINESS OR INDUSTRY Barber | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Milstead | 14. MOTHER'S MAIDEN NAME Rosie Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Irving Milstead, Rison, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491X **Immediate cause** (a) Broncho Pneumonia — 11-5-52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Adelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 11-7-52

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial | DATE THEREOF 11/10/52 | NAME OF CEMETERY OR CREMATORY Chicamuxen | LOCATION, (City, town, or county) (State) Rison Md

DATE REC'D BY LOCAL REG. 11/8/52 | REGISTRAR'S SIGNATURE Julia H. Casey | 24. FUNERAL DIRECTOR ADDRESS Stanley Penning, Pisgah, Md.

VS. A15A

RECEIVED
NOV 12 1953
BUREAU V. A

MARYLAND STATE DEPARTMENT OF HEALTH

12476

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Welcome — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Welcome
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) RAYMOND (Middle) NATHANIEL (Last) PROCTOR

4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 1952

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 6-17-52

9. AGE last birthday yrs.: 5 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Welcome, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: THOMAS PROCTOR

14. MOTHER'S MAIDEN NAME: ANITA CRAIG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Thomas Proctor, Welcome, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Terminal Pneumonia — 11-18-52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

571.0

(b) Inf. Diarrhea — 11-16-52

(c) Mal nutrition (death wt 7lb 14oz)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. Adler M.D. — La Plata Md — 11-19-52

23. BURIAL, CREMATION REMOVAL. (Specify): Burial — DATE THEREOF: 11/20/52 — NAME OF CEMETERY OR CREMATORY: Zion Baptist — LOCATION (City, town, or county) (State): Bullfop, Md

DATE REC'D BY LOCAL REG. 11/19/52 — REGISTRAR'S SIGNATURE: Julia H Posey — 24. FUNERAL DIRECTOR ADDRESS: Thomas Proctor, Welcome, Md

4062319368

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 21
BUREAU V. S.

M

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12477

Reg. Dist. No. 105

1. PLACE OF DEATH:

County Charles

City or town Waldorf Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Charles

City or town Waldorf Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME William Norville Richards

3. (b) Social Security Number 218-12-9110

4. Sex M

5. Color or race N

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Bessie

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 4 - 1894

8. AGE: 58 Years | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Charles Co Md
(Town, county, and state)

10. Usual occupation Painter

11. Industry or business Self

FATHER
12. Name John W. Richards
13. Birthplace

MOTHER
14. Maiden name Laura Herbert
15. Birthplace

16. Informant Bessie Richards Wife

Address Waldorf Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof 12-2-52
(month) (day) (year)

Cemetery or crematory Arlington Nat

Location Arlington Va

18. Funeral director Hunt & Ryan

Address Waldorf Md

19. 11-29 1952 M. L. Neuer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/24 1952 at 4:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1942 to 11/27 1952

and that I last saw him alive on 11/27 1952

Immediate cause of death Cerebral Apoplexy

Due to Cardio-Vas-Renal Disease

Due to Arteriosclerotic

Other conditions Hypertension

442X

(Include pregnancy within 3 months of death)

DURATION Years

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Fm. S. Weber, M.D.
M. D. or other

Address Waldorf Md Date signed 11/27/52

RECEIVED
DEC 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12478

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Newburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Stine

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: 1-17-83

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Charles Stine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 11-21-52

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension — 1946

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-6, 19 52, to 11-21, 19 52, that I last saw the deceased alive on 11-19, 19 52, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS La Plata Md. DATE SIGNED 11-24-52

23. BURIAL, CREMATION, REMOVAL. (Specify): Burial — DATE THEREOF 11/24/52 — NAME OF CEMETERY OR CREMATORY Holy Ghost — LOCATION (City, town, or county) Issue Md. (State)

DATE REC'D BY LOCAL REG. 11/24/52 — REGISTRAR'S SIGNATURE Julia A. Casey

24. FUNERAL DIRECTOR Hewitt & Ryon — ADDRESS Waldorf Md.

RECEIVED
NOV 26 1952
BUREAU V. S.

12479

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles Md

City or town: Newport
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? since birth

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Newport
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: rural

3. (a) FULL NAME

Richard Bartholomew Thomas

3. (b) Social Security Number

4. Sex: male

5. Color or race: Col

6.(a) Single, married, widowed, or divorced: single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 19 1952

8. AGE: Years | Months: 1 | Days: 9 | If less than one day ..... hrs. — min.

9. Birthplace: Newport Charles Co Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Joseph Andrew Thomas
13. Birthplace: St Marys Co Md

MOTHER
14. Maiden name: Mary Elmunting Campbell
15. Birthplace: Charles Co Md

16. Informant: Joseph A Thomas
Address: Newport Charles Co Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11-28-52 (month) (day) (year)

Cemetery or crematory: St. Mary's Cemetery

Location: Newport, Maryland

18. Funeral director: Joseph A. Thomas
Address: Newport, Md.

19. 11/28/52 (Date rec'd by registrar) 19 Julia H. Pasey Registrar
400227 4365

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 28 1952 at 4:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 26 1952 to Nov 28 1952 and that I last saw him alive on Nov 27 1952

Immediate cause of death: Enteric Colitis

Due to: Food infection

Due to

Other conditions: 049.2
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: F. F. Greenwell M. D. or other

Address: Leonardtown Date signed: Md

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 1 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12480

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physic. MEMORIAL Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: POPES CREEK
STATE MARYL. COUNTY CHARLES.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Popes Creek
STREET ADDRESS (If rural, give location) ~~LA PLATA~~ MD.

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) ELIZABETH (Last) TURNER
4. DATE OF DEATH: (Month) NOV. (Day) 28th (Year) 1952

5. SEX: F
6. COLOR OR RACE: COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 15. 1900
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE.
10b. KIND OF BUSINESS OR INDUSTRY: Self.
11. BIRTHPLACE (State or foreign country): CHARLES COUNTY
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: MATHIAS MILBURN
14. MOTHER'S MAIDEN NAME: MARY THOMAS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: James Turner Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

Immediate cause (a) RESPIRATORY COLLAPSE — INTERVAL BETWEEN ONSET AND DEATH: 3 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) CEREBRO-VASCULAR ACCIDENT — CA 24 hrs

DUE TO (c) HYPERTENSION — Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11. 1952, to 11.28. 1952 that I last saw the deceased alive on 11.28. 1952 and that death occurred at 7.30 p.m. 11.28.52. from the causes and on the date stated above.

SIGNATURE S. Woody. MD (DEGREE OR TITLE) ADDRESS La Plata. Md. DATE SIGNED 28 Nov 52.

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF Dec 2-52 NAME OF CEMETERY OR CREMATORY Sacred Heart LOCATION (City, town, or county) La Plata Md (State)

DATE REC'D BY LOCAL REG. 11/29/52 REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hewitt & Ryan ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
DEC 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12481

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: La Plata
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Vernon

4. DATE OF DEATH: (Month) (Day) (Year) November 2, 1952

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov. 2, 1952

9. AGE last birthday: ✓ yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours 7 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): La Plata, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ritchie Lee Vernon

14. MOTHER'S MAIDEN NAME: Mary Dorothy Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Ritchie L. Vernon, Waldorf, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

776X

Immediate cause (a) Prematurity (26 weeks gestation) — INTERVAL BETWEEN ONSET AND DEATH: 7 hours.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2, 1952, to 11-2, 1952, that I last saw the deceased alive on 11-2, 1952, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John N. Griffin, M.D. Hughesville, Md. 11/3/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 11-3-52

NAME OF CEMETERY OR CREMATORY: Piney Church

LOCATION (City, town, or county) (State): Waldorf, Md.

DATE REC'D BY LOCAL REG. 11-3-52

REGISTRAR'S SIGNATURE: Julia H. Casey

24. FUNERAL DIRECTOR ADDRESS: Ritchie L. Vernon, Waldorf, Md. (father)

20X2374260

RECEIVED
NOV 5 1952
BUREAU V. S.

12482

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Welcome
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Welcome
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MELVIN (Middle) (Last) WARREN
4. DATE OF DEATH (Month) 11 (Day) 7 (Year) 1952
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 9-23-52
9. AGE last birthday 0 yrs. If under 1 year Months 1 Days 15 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME YANCEY WARREN
14. MOTHER'S MAIDEN NAME LILA BURROUGHS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Yancey Warren, Welcome, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 11-5-52

491X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 11-8-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/9/52
NAME OF CEMETERY OR CREMATORY Baptist
LOCATION (City, town, or county) (State) Hilltop, Md
DATE REC'D BY LOCAL REG. 11/9/52
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Yancey Warren, Welcome, Md ADDRESS

209226440 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 12 1952
BUREAU V. S.

Item #9 - Film G149.
12/4/52. mb.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12483

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spring Hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spring Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) F. (Last) Yates

4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1952

5. SEX: M.
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.
8. DATE OF BIRTH: Apr. 23, 1887
9. AGE last birthday: 65 ~~63~~ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Yates
14. MOTHER'S MAIDEN NAME: Emma ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Margaret Savoy, Spring Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 151X

Immediate cause (a) CA Stomach — INTERVAL BETWEEN ONSET AND DEATH 5-10-52

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10, 1952, to 11-25, 1952, that I last saw the deceased alive on 11-23, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE E. J. Edelen (DEGREE OR TITLE) N.D. ADDRESS La Plata, Md DATE SIGNED 11-26-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11/28/52
NAME OF CEMETERY OR CREMATORY St. Thomas
LOCATION (City, town, or county) (State) Bel Alton, Md.

DATE REC'D BY LOCAL REG. 11/26/52
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
DEC 1 1952
BUREAU V. S.